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Supreme Court of the United States

DAVID KING, ET AL.,
Petitioners,

v.

SYLVIA BURWELL, SECRETARY OF HEALTH AND HUMAN SERVICES, ET AL.,
Respondents.

On Writ of Certiorari to the United States Court of Appeals for the Fourth Circuit

BRIEF OF *AMICI CURIAE* ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM, ASIAN AMERICANS ADVANCING JUSTICE | AAJC, ASIAN AMERICANS ADVANCING JUSTICE | LOS ANGELES, ASSOCIATION OF ASIAN PACIFIC COMMUNITY HEALTH ORGANIZATIONS IN SUPPORT OF RESPONDENTS

Jonathan M. Cohen
Counsel of Record
cohenj@gotofirm.com
Mark A. Packman
Michelle A. Price
John J. Girgenti
Gilbert LLP
1100 New York Ave., N.W.
Washington, DC 20005
(202) 772-2259

Counsel for Amici Curiae Asian & Pacific Islander American Health Forum, Asian Americans Advancing Justice | AAJC, Asian Americans Advancing Justice | Los Angeles, and Association of Asian Pacific Community Health Organizations

(Additional counsel for *Amici Curiae* listed on inside cover)

Priscilla Huang
Iyanrick John
Bonnie Kwon
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM
1629 K Street, N.W.
Suite 400
Washington, DC 20006

Mee Moua
Carl Hum
Marita Etcubanez
Meredith Higashi
ASIAN AMERICANS ADVANCING JUSTICE | AAJC
1140 Connecticut Avenue N.W.
Suite 1200
Washington, DC 20036

Doreena P. Wong
Laboni A. Hoq
Janelle R. Hu
ASIAN AMERICANS ADVANCING JUSTICE | LOS ANGELES
1145 Wilshire Blvd., 2nd Floor
Los Angeles, CA 90017

Other Entities Joining *Amicus Curiae* Brief
Listed in Appendix A

TABLE OF CONTENTS

TABLE OF CONTENTS i

TABLE OF AUTHORITIES iii

STATEMENT OF INTEREST OF *AMICI CURIAE* 1

SUMMARY OF ARGUMENT 5

ARGUMENT 7

I. CONGRESS ENACTED THE AFFORDABLE CARE ACT TO INCREASE ACCESS TO AFFORDABLE HEALTH CARE. 7

A. People Of Color, Including Asian Americans, Native Hawaiians, And Pacific Islanders, Faced Disparities In Access To Health Care. 8

B. Those Who Lack Access To Affordable Health Care Often Suffer Adverse Health Care Consequences 15

II. BECAUSE OF THE FEDERAL SUBSIDIES, THE AFFORDABLE CARE ACT IS ACHIEVING CONGRESS'S PURPOSE. 19

III. THE AFFORDABLE CARE ACT WILL BE UNABLE TO ACHIEVE CONGRESS'S PURPOSE

WITHOUT SUBSIDIES IN ALL STATES. 26

CONCLUSION 31

APPENDIX A A1

TABLE OF AUTHORITIES

Page(s)

Federal Cases

King v. Burwell,
759 F.3d 358 (4th Cir. 2014) 27

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U.S. Supreme Court Rule 37.3 1

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Miscellaneous

Statement on File With AAPCHO..... 26

Statement on File With Advancing Justice | LA. 17

Statements on File With APIAHF .....*passim*

STATEMENT OF INTEREST OF *AMICI CURIAE*[1]

Amici curiae are four civil rights and community health organizations that advocate on behalf of Asian American, Native Hawaiian, and Pacific Islander communities and other low-income, limited English proficient, and immigrant populations. *Amici* advocate for improved and expanded health care coverage and health care reform to address their needs.

Each *amicus* provides policy analysis, advocacy, and other services to enhance the access of Asian Americans, Native Hawaiians, and Pacific Islanders to affordable health care. *Amici* also provide services and advocacy to seek justice, equality, and equity in the provision of health care and related services.

Together, *amici* also oversee and coordinate the efforts of Action for Health Justice, a national collaborative of more than 70 Asian American, Native Hawaiian, and Pacific Islander national and local community-based organizations and Federally Qualified Health Centers, many of which join this brief (Appendix A). Action for Health Justice is

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[1] In accordance with Supreme Court Rule 37.6, *amici* note that the position they take in this brief has not been approved or financed by Petitioners, Respondents, or their counsel. Neither Petitioners, Respondents, nor their counsel had any role in authoring, nor made any monetary contribution to fund the preparation or submission of, this brief. Pursuant to Supreme Court Rule 37.3, *amici* state that all parties have consented to the filing of this brief and blanket letters of consent have been filed with the Clerk of the Court.

dedicated to educating, empowering, and enrolling Asian Americans, Native Hawaiians, and Pacific Islanders in health coverage under the Patient Protection and Affordable Care Act (the "Affordable Care Act" or the "ACA").

Specifically, *amici* are the following:

- Asian & Pacific Islander American Health Forum ("APIAHF"), a national health policy organization committed to ensuring that Asian Americans, Native Hawaiians, and Pacific Islanders in the United States have adequate and cost-effective health care. APIAHF's national policy work focuses on expanding access to health care, improving the quality of health care through cultural competency and language access, increasing research, and improving the collection, reporting, and analysis of data about Asian American, Native Hawaiian, and Pacific Islander communities;

- Association of Asian Pacific Community Health Organizations ("AAPCHO"), a national association of 35 community health centers, including 29 Federally Qualified Health Centers. AAPCHO advocates for the unique and diverse health needs of Asian American, Native Hawaiian, and Pacific Islander communities and the community health providers that serve those needs. AAPCHO advocates for policies and

programs that improve the provision of health care services that are community-driven, financially affordable, linguistically accessible, and culturally appropriate;

- Asian Americans Advancing Justice | Los Angeles ("Advancing Justice | LA"), the nation's largest legal and civil rights organization for Asian Americans, Native Hawaiians, and Pacific Islanders. Through direct services, impact litigation, policy advocacy, leadership development, and capacity building, Advancing Justice | LA focuses on the most vulnerable members of Asian American, Native Hawaiian, and Pacific Islander communities. Advancing Justice | LA's Health Access Project seeks to address the health care needs of low income, limited-English proficient Asian Americans, Native Hawaiians, and Pacific Islanders and other similarly-situated communities, to ensure their access to culturally and linguistically appropriate health care services, and to increase their access to quality health care throughout California and the United States;

- Asian Americans Advancing Justice | AAJC ("Advancing Justice | AAJC"), one of the nation's leading experts on issues of importance to the Asian American community, including affirmative action,

> anti-Asian violence prevention/race relations, census, immigrant rights, immigration, language access, health care, and voting rights. Advancing Justice | AAJC seeks to ensure that individuals in the Asian American community are not prevented from accessing more affordable health insurance in the Health Insurance Marketplace by tracking barriers to enrollment and addressing instances of language-based discrimination.

In addition, other Asian American, Native Hawaiian, and Pacific Islander groups join this brief and are listed in Appendix A.

Because *amici* are community-based advocacy groups that focus on health care issues, each has a compelling interest in ensuring that the Affordable Care Act applies consistently with Congress's purposes of reducing the number of uninsured Americans and improving the quality of care available to marginalized communities, including Asian Americans, Native Hawaiians, and Pacific Islanders. *Amici* therefore agree with Respondents that the federal subsidies provided through the Affordable Care Act apply regardless of whether a state Exchange was established by the state through its own action, or through the assistance of the federal government on behalf of the state.

These subsidies have had a dramatic impact on millions of people who live in the 34 states that

have federally-facilitated Exchanges. If denied these subsidies, many of these people will not be able to buy health insurance and will have to forgo crucial health care. In fact, even those in the 16 states—plus the District of Columbia—that established Exchanges themselves will be negatively affected if federal subsidies are taken away from millions currently insured under the Affordable Care Act. Because the impact of losing federal subsidies would fall disproportionately on people of color, including a significant number of Asian Americans, Native Hawaiians, and Pacific Islanders, *amici* have a strong interest in this case.

SUMMARY OF ARGUMENT

Before the Affordable Care Act, many Americans could not afford the health care and health insurance they needed. People of color, including many Asian Americans, Native Hawaiians, and Pacific Islanders, disproportionately lacked resources to access affordable health care and thus were less likely to be insured than non-Hispanic white Americans. To address this lack of access, Congress passed the Affordable Care Act to provide affordable health insurance to all Americans. This Court should construe the Affordable Care Act's language consistent with this purpose.

The subsidies in section 36B of the Internal Revenue Code are a key component of Congress's plan to reduce the number of uninsured Americans. Statistics and the testimony of numerous individuals show that these subsidies have enabled

millions of previously uninsured or uninsurable individuals of all races and in all states to obtain and afford the health care that they need. This is particularly true for many low-income individuals—especially for those living in states without the Medicaid expansion—whose only affordable option is to purchase health coverage with subsidies. Thus, subsidies have helped achieve Congress's goal of ensuring that every American has access to quality health care.

If accepted, Petitioners' argument that the Affordable Care Act did not make subsidies available to individuals who purchased health insurance on a federally-facilitated Exchange would have far-reaching consequences for the entire health insurance system. Millions of people would no longer be able to afford the health insurance they desperately need. Such result would undermine Congress's purpose in enacting the Affordable Care Act.

This Court should reject Petitioners' construction because it contradicts the Affordable Care Act's language and structure. Even if the Affordable Care Act's language were ambiguous, this Court should reject Petitioners' argument and should construe the Affordable Care Act consistent with Congress's purpose and defer to the Treasury Department's regulatory interpretation.

ARGUMENT

I. CONGRESS ENACTED THE AFFORDABLE CARE ACT TO INCREASE ACCESS TO AFFORDABLE HEALTH CARE.

In March 2010, Congress enacted the Affordable Care Act to "increase the number of Americans covered by health insurance and decrease the cost of health care." *Nat'l Fed'n of Indep. Bus. v. Sebelius*, 132 S. Ct. 2566, 2580 (2012). For the reasons set forth in Respondents' brief, *amici* respectfully submit that the language of the Affordable Care Act and the Treasury Department's regulations under the statute effectuate the Affordable Care Act's purpose by making subsidies available to all Americans, regardless of whether they live in a state with a federally-facilitated Exchange. Even assuming, however, that the statutory language is ambiguous, or even arguably at odds with the Congressional purpose, the Court should construe the language in accordance with that purpose.

This Court has long held that:

> Where the [statutory] words are ambiguous, the judiciary may properly use the legislative history to reach a conclusion. And that method of determining congressional purpose is likewise applicable when the literal words would bring about an end

> completely at variance with the purpose of the statute.

United States v. Pub. Util. Comm'n of Cal., 345 U.S. 295, 315 (1953). Here, the purpose of the statute, as supported by the legislative history, is to ensure access to affordable health care for all Americans. *Nat'l Fed'n of Indep. Bus.*, 132 S. Ct. at 2580. Congress's purpose was not (as Petitioners argue) just to help individuals living in certain states.

In enacting the Affordable Care Act, Congress recognized that too many Americans were unable to afford quality health care. Congress's concern was well justified.

A. People Of Color, Including Asian Americans, Native Hawaiians, And Pacific Islanders, Faced Disparities In Access To Health Care.

Before the Affordable Care Act, many Americans could not access the health care they needed because they did not have health insurance. Approximately 25 percent of all Americans reported that they did not have health insurance at some point in 2010.[2] Of the people without health

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[2] Ramal Moonesinghe *et al.*, *Health Insurance Coverage—United States, 2008 and 2010*, Vol. 62 No. 3 (CDC), Nov. 22, 2013, at 61-64, *available at* http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a10.htm?s_cid=su6203a10_w ("CDC 2013 Report").

insurance, over 80 percent had incomes less than three times the federal poverty level.[3]

Although lack of health care affected large numbers of Americans regardless of race, Congress recognized that people of color made up a disproportionate number of those unable to access adequate health care. For example, Representative Sheila Jackson Lee explained that "[r]acial and ethnic minorities are often less likely to receive preventive care. Vietnamese women, for example, are half as likely to receive a pap smear, and twice as likely to die from cervical cancer as are Whites."[4] She explained that "African Americans, Hispanics, and Native Americans are roughly twice as likely to be uninsured as the rest of the population."[5]

Congress's recognition of race-based disparities in health care access is well supported. In 2010, non-Hispanic whites had 71 percent more employer-sponsored health insurance than Latinos and 48 percent more than African Americans.[6] In 2010, while 16 percent of non-Hispanic white Americans did not have health insurance, approximately 41 percent of Hispanic adults and

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[3] *Id.*

[4] 157 Cong. Rec. H222 daily ed. (Jan. 18, 2011).

[5] *Id.*

[6] Deanna Parrish, *The Top 5 Ways Obamacare Helps Young People of Color*, Center for American Progress, (July 2, 2012), https://www.americanprogress.org/issues/healthcare/news/2012/07/02/11952/the-top-5-ways-obamacare-helps-young-people-of-color/.

26 percent of non-Hispanic black adults were uninsured.[7]

Like other people of color, many Asian Americans, Native Hawaiians, and Pacific Islanders were uninsured. There is a wide range of social and economic diversity within Asian American, Native Hawaiian, and Pacific Islander communities, with over 30 different ethnic groups, dozens of distinct languages, and great differences in educational background, immigration history, and ability to speak and understand English. Although approximately 15 percent of Asian Americans overall lacked health insurance,[8] the percentage of uninsured people was even higher for certain Asian American groups. As many as 65.7 percent of Chinese Americans living in the western United States were uninsured before the implementation of the Affordable Care Act.[9] Other groups also had significant uninsurance rates—for instance, 14 percent of Native Hawaiians and Pacific Islanders, including 26 percent of Tongans and 24 percent of Marshallese.[10] Some South Asian

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[7] CDC 2013 Report.

[8] U.S. Census Bureau, 2012 American Community Survey 1-year Estimates. Some estimates have been as high as 17.3 percent; *see* CDC 2013 Report.

[9] *See* Chau Trinh-Shevrin *et al.*, *Asian American Communities And Health: Context, Research, Policy and Action*, 353-54 (Albert K. Yee *et al.*, eds., 2009).

[10] *Native Hawaiian Pacific Islanders & A Community of Contrasts in the U.S.*, Empowering Pacific Islander Communities and Asian Americans Advancing Justice, 16 (2014), http://advancingjustice-la.org/sites/default/files/A_Community_of_Contrasts_NHPI_US_2014.pdf *("NHPI Report")*.

groups also had disproportionately high uninsurance rates, such as Bangladeshi (23 percent), Pakistani (23 percent), Southeast Asians, like Cambodians (21 percent), and East Asians, including Koreans (22 percent).[11]

In addition, high percentages of children, particularly among Asian Americans, Native Hawaiians, and Pacific Islanders, were uninsured or underinsured. Approximately 8 percent of Asian American children and 11 percent of Native Hawaiian or Pacific Islander children were uninsured.[12] Among all racial groups, Asian American children had the highest rate of underinsurance, at 28 percent.[13]

Data from the 2008 National Health Interview Survey by the Centers for Disease Control and Prevention ("CDC") show that before the Affordable Care Act, Asian Americans were twice as likely as both non-Hispanic whites and African Americans not to have seen a doctor in the past five years, despite being more likely to develop hepatitis, stomach and liver cancer, and other

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[11] *The Impact of Health Care Reform on Health Coverage for Asian Americans, Native Hawaiians, and Pacific Islanders*, APIAHF, 1 (Dec. 2011), http://www.apiahf.org/sites/default/files/PA-Factsheet12-2011.pdf ("*Impact of Health Care Reform*") (citation omitted).

[12] *See Coverage Gains For Asian American, Native Hawaiian and Pacific Islander Children Under Health Care Reform*, APIAHF, 1 (Sept. 2011), http://www.apiahf.org/sites/default/files/PA-factsheet09-2011_0.pdf.

[13] *Id.* at 2 (citation omitted).

diseases.[14] Certain Asian American subpopulations suffer from greater health disparities. For example, 14 percent of Indian Americans have diabetes, a rate higher than that of all other racial groups.[15] Native Hawaiians and Pacific Islanders are disproportionately affected by heart disease, cancer, and diabetes.[16]

The racial disparity in health care access, at least in significant part, results from disparities in socioeconomic status. As the CDC recognized in 2010, "residents in mostly minority communities continue[d] to have lower socioeconomic status, greater barriers to health care access, and greater risks for, and burden of, disease compared with the general population living in the same county or state."[17] Lack of insurance, due to financial disparities, means far less access to health care. As many as 87 percent of adult Asian Americans, Native Hawaiians, and Pacific Islanders who have health insurance regularly accessed medical care, as compared to only 48 percent of those who were

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[14] *A Community of Contrasts; Asian Americans in the U.S.: 2011*, Asian American Center for Advancing Justice (now Asian Americans Advancing Justice), 5, 46-47 (2011), http://www.advancingjustice-la.org/system/files/ENTERED_Community_of_Contrasts_2011.pdf ("*National Asian Report*").

[15] *Id.*

[16] *NHPI Report* at 14.

[17] Pamela A. Meyer *et al.*, *Introduction: CDC Health Disparities and Inequalities Report – United States, 2013*, Centers for Disease Control and Prevention (Nov. 22, 2013), http://www.cdc.gov/mmwr/preview/mmwrhtml/su6203a2.htm?s_cid=su6203a2_w.

uninsured.[18] Moreover, for many individuals, continuous lack of health care access could exacerbate small health problems so that they become acute and/or chronic. This effect can lead to more detrimental costs to the health system.

Before the Affordable Care Act, economic challenges had a significant effect on access to health care within Asian American, Native Hawaiian and Pacific communities. Although some subgroups of this population enjoy economic success and stability, others struggle with severe poverty. In 2010, approximately 56 percent of all Asian Americans had personal incomes under 400 percent of the Federal Poverty Level.[19] Approximately 11 percent of Asian Americans live below the federal poverty line, a rate which exceeds that of non-Hispanic whites.[20]

Poverty is even more common among certain Asian American ethnic groups. For example, over one in four Hmong Americans (an ethnic group from China, Vietnam, Laos, and Thailand) lives below the federal poverty line, and roughly one in

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[18] *See* E. Brown *et al.*, *Racial and Ethnic Disparities in Access to Health Insurance and Health Care*, UCLA Center for Health Policy Research and The Henry J. Kaiser Family Foundation, (2000) at 54, Exhibit 4-11, http://www.kaiserfamilyfoundation.files.wordpress.com/2013/01/racial-and-ethnic-disparities-in-access-to-health-insurance-and-health-care-report.pdf.

[19] *Current Population Survey: 2011 Annual Social and Economic Supplement: Asian Alone*, U.S. Census Bureau, (2011), http://www.census.gov/hhes/www/cpstables/032011/pov/new01_400_08.htm.

[20] *National Asian Report* at 35.

five Cambodian and Bangladeshi Americans lives in poverty, a rate that well exceeds the national average.[21]

Poverty rates are even higher for Asian American, Native Hawaiian, and Pacific Islander children and seniors. Nearly one-third of Hmong American children live in poverty, and about one-fifth of Korean, Hmong, Cambodian, and Laotian American seniors live in poverty.[22] Hmong, Bangladeshi and Cambodian American communities have the highest proportion of seniors and children who live in poverty.[23]

Further, 15.1 percent of Native Hawaiians and Pacific Islanders have incomes at the poverty line.[24] Across multiple measures of income, Native Hawaiians, and Pacific Islanders in the United States fare worse than average. They have a higher poverty rate than the average rate for Americans (15 percent versus 14 percent), a greater proportion of low-income people (35 percent versus 32 percent), and a lower income per capita ($19,051

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[21] *National Asian Report* at 36; *see also Demographic and Socioeconomic Profiles of Asian Americans, Native Hawaiians, and Pacific Islanders in the United States*, APIAHF, 11 (July 2011), http://www.apiahf.org/sites/default/files/Demographic_Socioeconomic_Profiles_AANHPI.pdf ("*Demographic and Socioeconomic Profiles*").

[22] *National Asian Report* at 37.

[23] *Id.*

[24] *Facts for Features: Asian/Pacific American Heritage Month: May 2011*, U.S. Census Bureau News, 7 (Mar. 8, 2011), http://www.census.gov/newsroom/releases/pdf/cb11ff-06_asian.pdf.

versus $27,334).[25] This means "[a]bout 140,000 Native Hawaiians and Pacific Islanders live in poverty and nearly 330,000 are low-income."[26] As a result, "[a]bout 18 percent of Native Hawaiians and Pacific Islanders did not see a doctor because of cost in 2012, a rate higher than average (16%)."[27]

The fact that many Asian Americans, Native Hawaiians, and Pacific Islanders suffer from health disparities, including high uninsured rates and high rates of certain health conditions, high poverty rates, and lower per-capita incomes, coupled with the fact that 23 states have not expanded their Medicaid programs,[28] highlights the importance of the federal subsidies for these communities.

B. Those Who Lack Access To Affordable Health Care Often Suffer Adverse Health Care Consequences.

In enacting the Affordable Care Act, Congress recognized that the inability to obtain adequate insurance causes many individuals to make difficult choices and suffer unique, and often heartbreaking, consequences. As Representative Alcee Hastings explained, "If this bill passes, it will mean that the 46 million Americans who have zero health care or who cannot afford what they do have, or who suffer at the mercy of chronic illnesses

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[25] *NHPI Report* at 17.

[26] *Id.* at 17.

[27] *Id.* at 16.

[28] *Status of State Action on the Medicaid Expansion Decision*, Kaiser Family Foundation (Dec. 17, 2014), http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/.

like diabetes, will finally be able to see a doctor."[29] He said that the Affordable Care Act would mean that these Americans would "no longer have to choose between buying food and purchasing their medicine."[30]

The statistics discussed above, as well as the experiences of many individuals, demonstrate the real choices that the most vulnerable Americans faced before the Affordable Care Act. Layal R., a 32-year-old program manager at a nonprofit in Phoenix, Arizona, who is of Syriac, Chaldean, and Armenian descent, is all too familiar with this choice. Before the Affordable Care Act, she could not afford health insurance. She skipped preventive care and even avoided seeing a doctor when she fell ill with a bronchitis-like condition. At the time, her income went to her rent and utilities, and her insurance premium would have had to come out of her budget for food. She says, "At the time, I couldn't skip paying rent, I couldn't skip paying utilities, but I could skip meals. If it weren't for tax subsidies, [to afford insurance,] I wouldn't have been able to eat."[31]

Similarly, Sydney K. is a 42-year-old married mother of two in California. Without subsidies, she says:

> "[I w]ould have to pay over $500/month for health insurance. . . . I would not be able to purchase health

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[29] 156 Cong. Rec. H2432 daily ed. (Mar. 25, 2010).

[30] *Id.*

[31] Statement on File With APIAHF.

> insurance and would not know what to do. I would have to choose between paying bills or health insurance. . . . I would not be able to afford the medication and treatments to manage my condition, so I would not be able to care for my family and see them grow. I need to stay healthy for my family, and having access to subsidies makes it affordable."[32]

Before the Affordable Care Act, people across all American communities suffered dire consequences without adequate health care. For example:

- Omar Chavez described avoiding going to the doctor before he had health insurance. He said, "After lunch with a friend one day, my heart rate suddenly shot up, I started sweating, and everything began spinning. My friend—a volunteer firefighter—thought I might be having a heart attack or stroke. He took me to the emergency room, but I refused to go in—I waited in the parking lot for 20 minutes to see if the symptoms went away. Fortunately, it was a false alarm. But at the age of 32, I literally gambled with my life because I worried about the cost of the ER!"[33]

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[32] Statement on File With Advancing Justice | LA.

[33] Omar Chavez, *I Stopped Gambling With My Life*, U.S. Dep't. of Health & Human Services, (Mar. 17, 2014), http://www.hhs.gov/healthcare/facts/blog/2014/03/omars-enrollment-story.html.

- Kim Jones, a 60-year-old African-American substitute teacher in Wake Forest, North Carolina, did not have health insurance for 10 years before the Affordable Care Act. She says that she would get severe, disabling headaches, but did not go to the doctor because she did not have health insurance. In August 2013, prior to the subsidies taking effect, she fell and hit her head on the concrete. At the hospital, the doctors took an MRI to determine if she had a concussion, and found that Jones had a brain tumor. Even though the tumor was benign, because it pressed on her optic nerve, it could have blinded or potentially killed her if it wasn't removed. Because she was uninsured, however, Jones could not afford the surgery.[34]

- Mi Kyong L. is a 56-year-old American deli store worker of Korean descent. Before the Affordable Care Act, she had been uninsured for 17 years. She explained, "My son and I have low income. . . I didn't have job-based insurance and couldn't afford to get covered before the ACA came. Since I work on preparing [food] at deli store, I would have safety and health hazards including cuts/burns on my fingers. In addition to that, I was diagnosed with glaucoma but I

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[34] *Wake Forest Woman: Health Law 'Saved My Life,'* WRAL News, (Dec. 12, 2014), http://www.wral.com/wake-forest-woman-health-law-saved-my-life-/14272248/.

couldn't regularly see an ophthalmologist because the doctor fee and prescription cost a lot for me."[35]

These examples confirm that Congress was correct to recognize that the absence of affordable health care constituted a serious problem to numerous low-income Americans. Congress enacted the Affordable Care Act as a critical step towards ending that problem.

II. BECAUSE OF THE FEDERAL SUBSIDIES, THE AFFORDABLE CARE ACT IS ACHIEVING CONGRESS'S PURPOSE.

The federal subsidies are critical to meeting Congress's purpose of providing all Americans with affordable health care. And, in large part because of the application of the subsidies provided by section 36B of the Internal Revenue Code, the Affordable Care Act has made great strides towards ensuring that all Americans have access to health care.

Under the Affordable Care Act, the country's uninsured rate for "nonelderly adults fell by an estimated 10.6 million between September 2013 and September 2014 as the uninsurance rate fell from 17.7 percent to 12.4 percent—a drop of 30.1 percent."[36] This is the largest decrease in

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[35] Statement on File With APIAHF.

[36] Sharon K. Long *et al.*, *Taking Stock: Health Insurance Coverage under the ACA as of September 2014*, Health Policy Center, Urban Institute, (Dec. 3, 2014), http://hrms.urban.org/

50 years,[37] with the largest decrease seen in African Americans and lower-income adults.[38]

In the initial open enrollment period, over 8 million people selected a plan through Exchanges that states established for themselves and federally-facilitated Exchanges.[39] And since open enrollment for 2015 began on November 15, 2014, there have been 7.1 million new enrollees or automatic re-enrollees in federally-facilitated Exchange states alone.[40] The Department of Health and Human Services estimates that there will be approximately 9 to 10 million enrollees in 2015.[41] According to estimates by the Urban Institute, under the Affordable Care Act, 1.3 million Asian Americans, Native Hawaiians,

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briefs/Health-Insurance-Coverage-under-the-ACA-as-of-September-2014.pdf.

[37] Noam N. Levey, *Obamacare's Guaranteed Health Coverage Changes Lives in First Year*, LA Times, (Jan. 4, 2015), http://www.latimes.com/nation/la-na-obamacare-patient-20150103-story.html#page=1.

[38] Dan Mangan, *Obamacare Effect: Uninsured Rate Hits Record Low*, CNBC, (Jan. 7, 2015), http://www.cnbc.com/id/102313931.

[39] Dep't of Health & Human Services, *Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period*, (May 1, 2014), http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf.

[40] Dep't of Health & Human Services, *Open Enrollment Week 9: January 10, 2015–January 16, 2015*, (Jan. 21, 2015), http://www.hhs.gov/healthcare/facts/blog/2015/01/open-enrollment-week-nine.html.

[41] Dep't of Health & Human Services, *How Many Individuals Might Have Marketplace Coverage After the 2015 Open Enrollment Period?*, (Nov. 10, 2014), http://www.aspe.hhs.gov/health/reports/ 2014/Targets/ib_Targets.pdf.

and Pacific Islanders will obtain insurance coverage, a 48 percent reduction in the number of uninsured Asian American, Native Hawaiian, and Pacific Islander community members.[42]

Many previously uninsured people are now able to purchase health insurance because of subsidies. Of the people who signed up for plans through the federally-facilitated Exchanges during the first month of the 2015 Open Enrollment period, 87 percent receive federal subsidies.[43] Yet, these numbers do not reflect everyone who is eligible. An estimated 18 million Americans are eligible for subsidies to help pay for their health insurance.[44] These subsidies could benefit an estimated 25 percent of Asian Americans, Native Hawaiians, and Pacific Islanders.[45] Indeed, in California alone, 17 to 21 percent of total

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[42] Lisa Clemans-Cope *et al.*, *Racial/Ethnic Differences in Uninsurance Rates under the ACA*, Health Center Policy Brief, Urban Institute, 6 (Dec. 2014) http://www.urban.org/uploadedpdf/2000046-Racial-Ethnic-Differences-in-Uninsurance-Rates-under-the-ACA-brief.pdf. This includes people who obtain coverage through the Medicaid expansion.

[43] Dep't of Health & Human Services, *Health Insurance Marketplace 2015 Open Enrollment Period: December Enrollment Report*, (Dec. 30, 2014), http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Dec2014/ib_2014Dec_enrollment.pdf.

[44] *State Health Insurance Marketplaces*, The Center for Consumer Information and Insurance Oversight, (Nov. 3, 2014), http://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/state-marketplaces.html.

[45] Asian & Pac. Islander Am. Health Forum, *The Impact of Health Care Reform on Health Coverage for Asian Americans, Native Hawaiians, and Pacific Islanders*, at 4 (Dec. 2011), http://www.apiahf.org/sites/default/files/PA-Factsheet12-2011.

enrollments in California's Exchange were Asian Americans, Native Hawaiians, and Pacific Islanders.[46] This was double the state's projected base enrollment rate for Asian Americans, Native Hawaiians, and Pacific Islanders, with 88 percent of the enrollees receiving subsidies.[47]

The experiences of numerous individuals, including members of Asian American, Native Hawaiian, and Pacific Islander communities, demonstrate the direct and substantial impact of these subsidies and the necessity of allowing all Americans to access them.

For example, Mi Kyong L., the deli store worker discussed in Section I, *supra*, was able to get the health insurance she needed. She says:

> [S]omeone recommended a local navigator agency, where a Korean speaking Navigator explained that I was eligible for ACA and could receive $252 of Advance Premium Tax Credit every month to pay a low premium. Finally[,] I'm covered under the ACA and now I feel worry free and much less burden[ed by] paying premium[s]. I can get [an] annual medical check-up

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[46] Peter V. Lee, *Covered California's Historic First Open Enrollment Period Finishes with Projections Exceeded*, Covered California Daily News, (Apr. 17, 2014), http://news.coveredca.com/2014/04/covered-californias-historic-first-open.html; *see also* California Health Benefit Exchange, *Data & Research*, 2015, http://hbex.coveredca.com/data-research/. California established its own Exchange.

[47] *Id.*

> including [a] blood test, urine test, [and] even examination of internal organs. [This p]ast July, I was rushed to the emergency room because of my finger cuts with a knife at work and I could go see an eye doctor to treat glaucoma. My son and I are happy that I have [a] Korean speaking primary doctor and I can have good health care thanks to the ACA. . . . Tax credits or subsidies are positively necessary for me.[48]

Kim Jones, the African-American substitute teacher discussed in Section I, *supra*, enrolled in a plan through a federally-facilitated Exchange and receives a subsidy. Now Ms. Jones only pays $20 per month for coverage, which she can afford, and this coverage has allowed her to get the surgery to remove her brain tumor.[49]

Sam Hyun H., a 51-year-old man of Korean descent who is a pastor at a small church, now is able to access health care with the help of subsidies. Mr. H. explains that he did not buy health insurance before the Affordable Care Act, and instead spent his money on living costs, rent, and car payments, and only going to the doctor when it "was absolutely necessary. Getting preventative health care or receiving regular check-ups [was] simply too expensive." A month after

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[48] Statement on File With APIAHF.

[49] *See Wake Forest Woman: Health Law 'Saved My Life,'* WRAL News, (Dec. 12, 2014), http://www.wral.com/wake-forest-woman-health-law-saved-my-life-/14272248/.

receiving health insurance from the Affordable Care Act, he suffered a heart attack. He explains:

> I coughed all night without having a clue that I was actually suffering from a heart attack. If I didn't have my health insurance, I would have not even thought of going in for a check-up at the hospital and would have just waited for the coughing to subside and stop. With my insurance card in hand, I visited the Hackensack Hospital ER the next day with the help of my family members. At the ER, it was promptly declared that I was suffering a heart attack. The doctor announced that I needed to have a by-pass surgery as soon as possible, [and] within 30 minutes, and I was quickly transferred to the operating room after signing some paperwork. So far, I [have] had two surgeries . and had 4 stents implanted. Following those events, I have been regularly going to the doctors for my follow-up appointments. With the help of the Affordable Care Act, I was not only able to receive these services, but also [was able] to get the necessary medications.[50]

Xiao Jiang Z., a 57-year-old administrative assistant of Chinese descent, explains that she is

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[50] Statement on File With APIAHF.

able to access health care with the help of subsidies. She says:

> I was diagnosed with stage II breast cancer in 2010 and completed the 9-month treatment in 2011. During the treatment, I had health insurance through my job. However, I was laid off in June, 2012. Since then, I didn't have and couldn't afford to purchase any [private] health insurance coverage. As a result, I was not able to continue my post-treatment follow up care with my medical team at the MD Anderson Cancer Center.
>
> Because of the [Affordable Care Act] and my part time employment . ., I receive tax credits of $433 which significantly reduce the premium for the health insurance plan that I selected. I also receive the cost-sharing reduction. As a result, my monthly premium for health insurance coverage is $19.60, which is affordable to me, given my limited income. . . I really appreciated the [Affordable Care Act,] which enables me to access the needed follow-up care after my cancer treatment.[51]

Similarly, Hong L., an Asian American home health care worker in Texas, suffered from chronic

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[51] Statement on File With APIAHF.

illnesses, such as diabetes, hyperlipidemia, and chronic chest and joint pains. She enrolled for health insurance under the Affordable Care Act and received a subsidy of roughly $400 per month, leaving her final monthly premium costs at $160 per month. She says that without subsidies, she would not be able to afford health insurance on her own or access high-quality medical care or medical treatments.[52]

Congress intended the Affordable Care Act to help all Americans afford health insurance and get the care they need. With subsidies applicable to all qualified Americans, regardless of their state of residence, the Affordable Care Act achieves this purpose.

III. THE AFFORDABLE CARE ACT WILL BE UNABLE TO ACHIEVE CONGRESS'S PURPOSE WITHOUT SUBSIDIES IN ALL STATES.

As noted above, the purpose of the Affordable Care Act is to increase the number of Americans covered by health insurance and to decrease the cost of health care. The availability of subsidies in all states is essential to ensuring that the Affordable Care Act achieves its purpose.

If these subsidies are no longer available to individuals living in states with federally-facilitated Exchanges, premiums will increase significantly, and millions of lower-income individuals will no longer be able to afford the

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[52] Statement on File With AAPCHO.

health insurance they need. Indeed, some will have to forgo health care, often until it is too late, which would lead to higher costs.[53] When only the sick and those who need health care purchase health coverage, the end result is unstable health insurance marketplaces caused by adverse selection, premium increases and market contraction. *See King v. Burwell*, 759 F.3d 358 (4th Cir. 2014). As a result, the marketplace stability brought about by the Affordable Care Act would be undermined to such an extent that its entire structure could become unworkable. *See Nat'l Fed'n of Indep. Bus.*, 132 S. Ct. at 2674 (Scalia, Kennedy, Thomas, & Alito, JJ., dissenting) (recognizing that with absence of federal subsidies, Exchanges would not operate as intended).

Indeed, if these subsidies were no longer available in the states with federally-facilitated Exchanges, more than 13 million Americans would lose access to the subsidies.[54] Currently, 87 percent of individuals in states with federally-facilitated Exchanges have selected plans with subsidies, paying an average monthly premium of $82.[55]

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[53] *See, e.g.*, Timothy Stoltzfus Jost, *Subsidies and the Survival of the ACA – Divided Decisions on Premium Tax Credits*, 371 New Eng. J. Med. 890, 891 (Sept. 4, 2014), *available at* www.nejm.org/doi/full/10.1056/NEJMp1408958.

[54] Drew Altman, *How 13 Million Americans Could Lose Insurance Subsidies*, The Henry J. Kaiser Family Foundation, (Nov. 19, 2014), http://kff.org/health-reform/perspective/how-13-million-americans-could-lose-insurance-subsidies/. This study includes the three states that have State Partnership Marketplaces, in partnership with Federal Marketplaces.

[55] Evan Saltzman & Christine Eibner, *The Effect of Eliminating the Affordable Care Act's Tax Credits in*

Should their subsidies be revoked, the amount these individuals would pay for their insurance would increase by $264 to $346 per month.[56] This increase would be in addition to any premium increase that would result from significantly altering the policyholder pool in these states and nationally.

The precipitous increase in premium costs also would lead to a decline in the total number of individuals insured in the United States, from 245 to 234 million.[57] According to an Urban Institute projection, up to 8.2 million people in 34 states would lose their insurance due to increases in premium costs, "a 44 percent increase in the uninsured relative to the number uninsured under the law as currently implemented."[58] Likewise, if subsidies were no longer offered, premiums would rise significantly throughout the country, including by 47 percent in states with federally-facilitated Exchanges.[59] A lack of subsidies would affect

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Federally Facilitated Marketplaces, RAND Corporation, at 20 (2015), http://www.rand.org/pubs/research_reports/RR980.html ("Saltzman & Eibner").

[56] *Id.* at 6, Table 2.

[57] Amy Burke, Arpit Misra, & Steven Sheingold, *Premium Affordability, Competition, and Choice in the Health Insurance Marketplace, 2014*, Dep't of Health & Human Services, 23 (June 18, 2014), http://aspe.hhs.gov/health/reports/2014/Premiums/2014MktPlacePremBrf.pdf.

[58] Linda J. Blumberg, Matthew Buettgens, & John Holahan, *The Implications of a Supreme Court Finding for the Plaintiff in King vs. Burwell: 8.2 Million More Uninsured and 35% Higher Premiums*, Urban Institute, 1 (Jan. 2015), http://www.urban.org/UploadedPDF/2000062-The-Implications-King-vs-Burwell.pdf.

[59] Saltzman & Eibner at 1.

individuals throughout the country, including individuals who purchased plans in states that established Exchanges themselves.

Asian Americans, Native Hawaiians, and Pacific Islanders represent 8 percent (or slightly more than 300,000) of the individuals who selected a plan through a federally-facilitated Exchange during the open enrollment period.[60] The experiences of members of these communities from states with federally-facilitated Exchanges demonstrate the direct and substantial impact voiding these subsidies would have for people in those states.

- Dilli B. is a 32-year-old Bhutanese refugee who works at a Walmart in Philadelphia, Pennsylvania. Without the subsidies, his monthly payment would increase by a factor of more than 6.5, from $68 to $447 per month. According to him, "I would not be able to purchase [a] health plan because it would be expensive. My family would have to be uninsured . . "[61]

- Mr. W. is a husband, father and restaurant worker in Michigan of Chinese

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[60] Dep't of Health & Human Services, *Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period*, 34-35, Appendix Tables C2 and C3 (May 1, 2014), http://aspe.hhs.gov/health/reports/2014/MarketPlaceEnrollment/Apr2014/ib_2014Apr_enrollment.pdf.

[61] Statement on File With APIAHF.

descent who currently takes advantage of the subsidies and can go to see the doctors as needed and get medicine to treat his cancer. The impact of the loss of subsidies on his health and well-being would be extreme, because even the cheapest plan will be a huge problem for the family and they might even consider not getting health coverage.[62]

- Sione, a diabetic Tongan male living in Utah, says that without health insurance through the Affordable Care Act, his life would be in danger because he wouldn't be able to control his glucose levels. He says that his only other option would be to go to the hospital emergency department, but he would not be able to pay bills from such a visit. [63]

- Hyun H., a 50-year-old of Korean descent from Ridgewood, New Jersey, reports that if she does not have access to subsidies, "[m]y husband and I are more likely to go without a health plan, going back to uninsured and being distraught. . . . My husband will lose his confidence in managing his diabetes without doctor's care so [it will be] hard [for him] to stay healthy." She says they will have to

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[62] Statement on File With APIAHF.
[63] Statement on File With APIAHF.

> choose between purchasing health insurance and other necessities.[64]

The subsidies are an essential component of the Affordable Care Act that enable it to achieve its critical objectives of increasing access to health care to all uninsured individuals and reducing health care costs. A determination in favor of Petitioners would subvert these core purposes and defeat Congress's explicit intent. Indeed, denying needed federal subsidies to those who purchase policies on federally-facilitated Exchanges would so undermine the marketplaces that are the backbone of the Affordable Care Act that it would inflict devastating harm on those most in need, including low-income Asian Americans, Native Hawaiians, and Pacific Islanders and other racial and ethnic communities.

CONCLUSION

For these reasons, *amici* support Respondents' request that the judgment of the Court of Appeals should be affirmed.

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[64] Statement on File With APIAHF.

January 28, 2015

Respectfully submitted,

Jonathan M. Cohen
Counsel of Record
cohenj@gotofirm.com
Mark A. Packman
Michelle A. Price
John J. Girgenti
GILBERT LLP
1100 New York Ave., N.W.
Washington, DC 20005
(202) 772-2259
cohenj@gotofirm.com
Counsel for Amici Curiae Asian & Pacific Islander American Health Forum, Asian Americans Advancing Justice | AAJC, Asian Americans Advancing Justice | Los Angeles, and Association of Asian Pacific Community Health Organizations

Doreena P. Wong
Laboni A. Hoq
Janelle R. Hu
ASIAN AMERICANS ADVANCING JUSTICE | LOS ANGELES
1145 Wilshire Blvd.,
2nd Floor
Los Angeles, CA 90017

Priscilla Huang
Iyanrick John
Bonnie Kwon
ASIAN & PACIFIC ISLANDER AMERICAN HEALTH FORUM
1629 K Street, N.W.
Suite 400
Washington, DC 20006

Mee Moua
Carl Hum
Marita Etcubanez
Meredith Higashi
ASIAN AMERICANS ADVANCING JUSTICE | AAJC
1140 Connecticut Avenue N.W.
Suite 1200
Washington, DC 20036

APPENDIX A

List of Entities Joining *Amicus Curiae* Brief

1. AAHC-HOPE Clinic*

Asian American Health Coalition (AAHC) of the Greater Houston Area is a non-profit organization dedicated to improving the health of all Asian Americans in Houston by increasing access to health care and through population-specific health promotion and health education projects. AAHC was founded in in 1994 and has actively promoted health access, knowledge and disease prevention activities and programs in the Greater Houston area. In 2002, in recognition of the significantly unmet medical needs of the residents of Southwest Houston, AAHC established the HOPE clinic to provide culturally and linguistically appropriate primary health care services to all, but especially to underserved Asians with limited English proficiency. AAHC-HOPE Clinic supports this brief because of the tremendous impact of subsidies in helping members of the Asian American community access care and improve their health with affordable health insurance.

2. API Equality-LA*

API Equality-LA is a grassroots coalition that works to advance the civil rights of the lesbian, gay, bisexual, and transgender communities through organizing, public education and advocacy. API Equality-LA's mission is to advocate for fair treatment of the LGBT community, including

marriage equality and access to health care, focusing on the Asian and Pacific Islander communities of the greater Los Angeles area.

3. Apicha Community Health Center

Apicha Community Health Center (Apicha CHC), formally Asian & Pacific Islander Coalition on HIV/AIDS, provides affordable healthcare and wellness services for underserved and vulnerable people living in New York City. Apicha CHC strives to increase access to comprehensive primary care, preventive health, mental health, and supportive services. Apicha CHC advocates for and provides a welcoming environment for underserved and vulnerable people, especially Asians and Pacific Islanders, the LGBT Community, individuals living with and affected by HIV/AIDS, and other people of color. The Affordable Care Act provides important access and coverage to underserved and marginal communities and allows Apicha CHC to continue its important and lifesaving work. It is because of Apicha CHC's pursuit for a healthier quality of life that it participates in this amicus brief.

4. Arab Community Center for Economic and Social Services

Arab Community Center for Economic and Social Services (ACCESS) has been serving the community for more than 40 years. ACCESS was founded by a group of dedicated volunteers in 1971 out of a storefront in the impoverished South End of Dearborn, Michigan. ACCESS was created to assist the Arab immigrant population adapt to life

in the United States. ACCESS is the largest Arab American human services nonprofit in the United States. With ten locations and more than 100 programs serving Metro Detroit, ACCESS offers a wide range of social, economic, health and educational services to a diverse population. ACCESS supports this brief because of the importance of the Affordable Care Act in helping Arab American communities access health insurance coverage and improve their overall health and well-being.

5. Asian & Pacific Islander National Cancer Survivors Network

Asian and Pacific Islander National Cancer Survivors Network (APINCSN) is a network of cancer survivors, their family members, health care providers, researchers, and community members, as well as organizations that are concerned about the issue of cancer and survivorship in Asian American, Native Hawaiian ,and Pacific Islander communities. APINCSN links Asian Americans, Native Hawaiians, and Pacific Islanders with critical resources, such as contact with other survivors, referrals to cancer support and survivorship services, and access to multi-lingual cancer materials, and also offers supportive and educational networking opportunities. APINCSN is supporting this brief because of the benefits under the Affordable Care Act for Asian Americans, Native Hawaiians, and Pacific Islanders and cancer.

6. Asian & Pacific Islander Wellness Center

Asian & Pacific Islander Wellness Center is a health services, education, research, and policy organization dedicated to transforming the lives of LGBT people and communities of color through health, wellness, and equality. Asian & Pacific Islander Wellness Center believes everyone needs access to high-quality, culturally competent health care. Based in San Francisco's Tenderloin neighborhood, one of the densest and most impoverished urban areas in the country, Asian & Pacific Islander Wellness Center operates a free community health clinic and offers HIV/AIDS treatment, care, and prevention services. It also provides statewide and national capacity building, training, and policy advocacy assistance. Asian & Pacific Islander Wellness Center supports this brief because it believes the Affordable Care Act improves health care access for LGBT people and communities of color, especially those living with HIV/AIDS.

7. Asian Health Coalition*

Asian Health Coalition (AHC) was founded as the "Asian Health Coalition of Illinois" in 1996. Its mission is to improve the health and well-being of Asian Americans and Pacific Islanders in Illinois through advocacy, technical assistance, education, and community-based research. AHC focuses on building strong and innovative health promotion programs in Asian communities throughout the metropolitan Chicago area. During the first open enrollment periods under the Affordable Care Act, AHC provided outreach, education, and enrollment

assistance services to hundreds of individuals and families in the Chicago area. Many individuals could only afford to purchase plans through the federal Health Insurance Marketplace because of subsidies provided by the federal government. AHC supports this brief because we recognize the crucial role that the Affordable Care Act's subsidies play in helping communities access health insurance in order to improve their overall health and well-being.

8. Asian Human Services*

Asian Human Services (AHS) began helping South East Asian refugees in 1978. For over 36 years, the organization has retained a single purpose: to positively transform lives among Chicago's immigrants, refugees, and other underserved communities. Today, AHS continues to assist individuals and families in the same way, providing aid to populations from many different localities. Each year, AHS serves thousands of at-risk clients from many different countries through multiple programs in over 28 languages. In fiscal year 2014, AHS has served 30,000 people throughout Illinois, the majority of whom have incomes below the federal poverty level. AHS supports this brief because of the impact the subsidies have in helping Chicago's diverse community access care and maintain and improve their health.

9. Asian Law Alliance*

Located in San Jose, California, Asian Law Alliance (ALA) has helped thousands in health, housing,

immigration, and access to basic human and legal rights since 1977. ALA served as an outreach and education Covered California grantee and is a member of the Health Justice Network, a California collaborative comprised of over 60 community-based organizations and health care clinics focused on promoting implementation of health care reform.

10. Asian Pacific American Network of Oregon*

Asian Pacific American Network of Oregon (APANO) is a statewide, grassroots organization, uniting Asian Americans and Pacific Islanders to achieve social justice. APANO uses its members' collective strengths to advance equity through empowering, organizing, and advocating with their communities. APANO was founded in 1996 with significant support from the Immigrant Refugee Community Organization in Multnomah County and became a 501(c)(3) non-profit, tax-exempt organization in 2010. APANO operates under the principle that Asian Americans and Pacific Islanders are stronger together, and that our communities would benefit from more coordinated leadership, particularly in areas of public policy advocacy. During the first open enrollment period under the Affordable Care Act, APANO provided outreach, education, and enrollment assistance services to hundreds of individuals and families in Oregon. Many individuals could only afford to purchase plans through the federal Health Insurance Marketplace because of subsidies

provided by the federal government. APANO supports this brief because it recognizes the crucial role that the subsidies play in helping communities access health insurance in order to improve their overall health and well-being.

11. Asian Pacific Community in Action*

Asian Pacific Community in Action (APCA) was created in 2002 to meet the health-related needs of Asian American and Pacific Islander individuals and families residing in Maricopa County, Arizona. APCA provides access to preventive services such as hepatitis B screening and vaccination, mammograms, diabetes testing, and tobacco prevention and cessation information, among many other advocacy and direct service programs. During the first open enrollment period under the Affordable Care Act, APCA provided outreach, education, and enrollment assistance services to hundreds of individuals and families in Maricopa County. Many individuals could only afford to purchase plans through the federal Health Insurance Marketplace because of subsidies provided by the federal government. APCA supports this brief because it recognizes the crucial role that ACA subsidies play in helping communities access health insurance in order to improve their overall health and well-being.

12. Asian Pacific Health Care Ventures*

Asian Pacific Health Care Ventures (APHCV) operates four community health centers in Los Angeles, California and is a federally qualified

health center for Asian American, Native Hawaiian, and Pacific Islander patients. APHCV is a Covered California Enrollment Navigator grantee and member of the Health Justice Network, a California collaborative comprised of over 60 community-based organizations and health care clinics focused on promoting implementation of health care reform.

13. Asian Resources Inc.*

Established in 1980, Asian Resources Inc. (ARI) is a nonprofit community-based organization dedicated to empowering disenfranchised communities by assisting them in becoming proactive citizens and achieving self-sufficiency. ARI is committed to providing a wide spectrum of social services to low-income and limited-English speaking youth, immigrant, and refugee communities in Sacramento, as well as re-entry clients. ARI is a Covered California Enrollment Navigator grantee and member of the Health Justice Network, a California collaborative comprised of over 60 community-based organizations and health care clinics focused on promoting implementation of health care reform.

14. Asian Services In Action*

Founded in 1995 by Asian immigrant women, the mission of Asian Services In Action (ASIA) is to provide Asian Americans and Pacific Islanders in Northeastern Ohio access to quality culturally and language-appropriate information and services. In November 2013, ASIA became a Federally

Qualified Health Center to better ensure that the community has access to linguistically and culturally appropriate health care. It is the only comprehensive Asian American and Pacific Islander health and social services agency in the region. The agency takes a "no wrong-door" approach to help individuals, families and communities move further toward a path of self-sufficiency. Today, the organization has two main offices and programs statewide and serves over 10,000 individuals annually. During the first open enrollment period under the Affordable Care Act, ASIA provided outreach, education, and enrollment assistance services to many individuals and families. ASIA supports this brief because of the importance of subsidies to help Asian Americans and Pacific Islander immigrants and their families improve and maintain their health and well-being by having access to affordable health insurance.

15. Asian Women for Health

Asian Women for Health (AWFH) is a peer-led, community-based network in the New England area dedicated to advancing Asian women's health and wellness through education, advocacy, and support. AWFH envisions a world where Asian women are well-informed, have access to care that is culturally appropriate and high quality, and are inspired to live happy, healthy lives. AWFH supports this brief because the Affordable Care Act has helped to improve the health and well-being of the communities it serves.

16. Boat People SOS – Delaware Valley

Boat People SOS-Delaware Valley (BPSOS-Delaware Valley) is the local, community-based branch office of a national Vietnamese American non-profit organization with a 34-year track record of service. BPSOS-Delaware Valley's offices work at the local level to achieve our national mission – to assist Vietnamese refugees and immigrants in their search for a life in liberty and dignity by empowering, equipping, and organizing Vietnamese American communities in their progress toward self-sufficiency. In 2001, BPSOS-Delaware Valley opened offices in Camden, New Jersey and Philadelphia, Pennsylvania and since then, it has become the leading Vietnamese community-based service organization servicing the 24,000 Vietnamese community members in the region. BPSOS-Delaware Valley supports this brief because of the importance of the Affordable Care Act in helping Vietnamese Americans access health insurance coverage and improve their overall health and well-being.

17. Boat People SOS – Gulf Coast*

Boat People SOS – Gulf Coast (BPSOS-Gulf Coast) was established in 2006 in the aftermath of Hurricane Katrina to respond to the disaster-recovery needs of our community. Since Katrina, BPSOS-Gulf Coast has expanded its services in order to address the intertwining and compounding effects of unmet needs on refugee and immigrant families and communities and to achieve its mission – to assist Vietnamese refugees and immigrants in their pursuit for a life in liberty and dignity by empowering, equipping, and organizing

individual and communities in their progress towards self-sufficiency. With offices in Bayou La Batre, Alabama, Biloxi, Mississippi, and New Orleans, Louisiana, BPSOS-Gulf Coast is proud to serve the Vietnamese American community and beyond in the Gulf Coast region. BPSOS-Gulf Coast supports this brief because of the importance of the Affordable Care Act in helping Vietnamese Americans access health insurance coverage and improve their overall health and well-being.

18. Center for Pan Asian Community Services, Inc.*

Center for Pan Asian Community Services, Inc. (CPACS) promotes self-sufficiency and equity for immigrants, refugees, and the underprivileged through comprehensive health and social services, capacity building, and advocacy. Since 1980, CPACS has provided a home base and essential programs that support Asian Americans in their new chosen country. CPACS began as a volunteer-run organization providing health and human services to the area's Korean Americans. Today, CPACS has a diverse staff of more than 100 full- and part-time employees, knowing 15 different languages. CPACS provides a broad array of programs that serve men, women, seniors, children, and youth in metro Atlanta and beyond. CPACS is in support of this brief because the federal subsidies are an essential part in addressing the health care and health access of the diverse populations served.

19. CHOW Project

Community Health Outreach Work to Prevent AIDS Project (CHOW Project) was established in 1993. The CHOW Project is dedicated to serving individuals, families, and communities adversely affected by drug use, especially people who inject drugs, through a participant-centered harm reduction approach. CHOW works to reduce drug-related harms such as, but not limited to, HIV, hepatitis B or C, and overdose. CHOW supports the optimal health and well-being of people affected by drug use throughout the State of Hawaii. CHOW supports this brief because of the impact that the Affordable Care Act has had in improving the health and well-being of the communities it serves.

20. Coalition for Asian American Children and Families*

Coalition for Asian American Children and Families (CACF) believes that children of all backgrounds should have an equal opportunity to grow up healthy and safe and should live in a society free from discrimination and prejudice. CACF advocates on behalf of underserved families in its community, especially immigrants struggling with poverty and limited English skills. CACF promotes better policies, funding, and services for East Asian, South Asian, Southeast Asian, and Pacific Islander children, youth, and families. During the first open enrollment period under the Affordable Care Act, CACF provided outreach, education, and enrollment assistance services to hundreds of individuals and families in New York

City. CACF supports this brief because it knows that subsidies play in important role in helping East Asian, South Asian, Southeast Asian, and Pacific Islander children and families access health insurance and improve their overall health and well-being.

21. Council for Native Hawaiian Advancement

Founded in 2001, the Council for Native Hawaiian Advancement is a national, member-based 501(c)(3) nonprofit organization dedicated to capacity building and providing support services to agencies and organizations focused primarily on Native communities in Hawaii and the Pacific. Its mission is to enhance the well-being of Hawaii through the cultural, economic, and community development of Native Hawaiians. Council for Native Hawaiian Advancement is a strong voice on public policy, operates a community loan fund, delivers capacity-building and leadership development services, and promotes community-owned enterprises. Council for Native Hawaiian Advancement supports this brief because of the importance of the Affordable Care Act in helping Native communities in Hawaii and the Pacific access health insurance coverage and improve their overall health and well-being.

22. Empowering Pacific Islander Communities*

Empowering Pacific Islander Communities (EPIC)'s mission is to promote social justice by fostering

opportunities that empower Native Hawaiian and Pacific Islander communities through culturally relevant advocacy, research, and development. EPIC is committed to improving the health of these communities and welcomes the advances made under the Affordable Care Act. During the open enrollment periods under the Affordable Care Act, EPIC has provided outreach, education, and enrollment assistance services to hundreds of Pacific Islander individuals and families in California through its coordination of community partners in the counties of San Francisco, Alameda, Santa Clara, Los Angeles, and Orange. EPIC supports this brief because it recognizes the crucial role that the Affordable Care Act's subsidies play in helping communities access health insurance in order to improve their overall health and well-being.

23. Families in Good Health*

Families in Good Health (FiGH) envisions a resilient community that is safe, active, productive, and compassionate. FiGH's goal is to empower individuals, families, and/or the community with knowledge and skills to make appropriate choices in advocating for, and improving, their health and well-being. FiGH has worked over the years to increase access to health for underserved, multi-ethnic communities through multiple strategies, including health coverage. FiGH has engaged the community and advocated for access to quality health coverage and care for families and individuals, and thus supports the Affordable Care Act.

24. Filipino Community Cancer Collaborative

Filipino Community Cancer Collaborative (FCCC) was established in 2005 by the American Cancer Society to empower the Filipino community living in the San Francisco Bay Area through culturally responsive cancer-related education and outreach programs. In the state of California, mong Asians subgroups, Filipinos have the highest mortality rates for prostate cancer, thyroid cancer, and female breast cancer. Therefore, FCCC's efforts have been directed to educate the community about these cancers and to promote prevention and screening. FCCC supports this brief because the Affordable Care Act provides improved access to health insurance coverage for members of the Filipino community.

25. Guam Communications Network*

Guam Communications Network (GCN) is nonprofit organization dedicated to the promotion and preservation of Guam's culture. Founded as a resource for stateside Chamorros and Guamanians to reach out to relatives on Guam after Typhoon Gay and Omar in 1992, GCN facilitates increased public awareness of the issues concerning the people, island, and culture of Guam through education, coalition building, and advocacy. GCN serves Chamorro communities in Los Angeles, Orange, Riverside, San Diego, and San Bernardino counties through cultural enrichment, social service programs in health and welfare, cancer research, senior care management, and other specific public

health issues. To that end, GCN supports this brief and the improvements the Affordable Care Act has made to America's health care system.

26. Hawai'i Island HIV/AIDS Foundation

Hawai'i Island HIV/AIDS Foundation is a registered 501(c)3 non-profit corporation located in Hawaii. Founded in 2003, the Hawai'i Island HIV/AIDS Foundation is dedicated to assisting those affected by HIV/AIDS to maximize their quality of life and to ending the spread of HIV. Hawai'i Island HIV/AIDS Foundation also utilizes the lessons learned in the HIV epidemic to care and advocate for others in the fight against related diseases. Hawai'i Island HIV/AIDS Foundation supports this brief because the Affordable Care Act improves health care access for those in Hawai'i living with HIV/AIDS.

27. Healthy Asian American Project*

The mission of Healthy Asian Americans Project (HAAP) is to improve the health status of Asian Americans and to reduce health disparities through research, education, and community seminars. HAAP serves individuals of all ages, and wants to increase life expectancy and improve quality of life of Asian Americans. During the first open enrollment periods, HAAP provided in-person assistance in multiple languages throughout the state of Michigan. HAAP supports this brief because of the importance of the Affordable Care Act in helping Asian American communities access

health insurance coverage and improve their overall health and well-being.

28. Hep Free Hawai'i

Hep Free Hawai'i (HFH) is a grassroots campaign started by hepatitis advocates in Hawai`i to bring attention to the epidemic of chronic Hepatitis B and C and liver disease in the Hawaiian islands. Through increasing awareness, HFH hopes to encourage everyone in Hawai'i to learn their hepatitis status, and for those living with hepatitis or other liver disease to access the care they need to live healthy lives. HFH supports this brief because of the positive effect the ACA has had on the communities that it serves.

29. Hmong American Partnership*

For more than two decades, Hmong American Partnership (HAP) has provided programs and services designed to empower Hmong families to acculturate to life in America, as well as to build the knowledge and skills needed to become successfully educated and employed, while retaining their cultural heritage and identity. HAP provides self-sufficiency and youth services out of its center of Saint Paul, Minnesota, its training and education center in Saint Paul's Frogtown area, and at its location in North Minneapolis. HAP supports this brief because of the importance of the Affordable Care Act in helping Hmong American communities access health insurance coverage and improve their overall health and well-being.

30. Hmong National Development*

Hmong National Development, Inc. (HND) is a national, 501(c)(3), not-for-profit organization. HND empowers the Hmong community to achieve prosperity and equality through education, research, policy advocacy and leadership development. Founded in 1993, HND is the leading national policy advocacy organization for the Hmong American community. For the past 20 years it has provided local Hmong non-profits with capacity building and technical assistance tools, advocated in DC for legislation which impacts the Hmong community, and cultivated leadership in youth through DC internship programs and local youth empowerment programming models. HND supports this brief because of the importance of the Affordable Care Act in improving the health and well-being of the Hmong community.

31. International Children Assistance Network*

Based in Milpitas, International Children Assistance Network (ICAN) has been serving the Santa Clara County since 2003, and is focused on providing services and advocating for the Vietnamese community. Having aiding in 135 successful enrollment applications, ICAN is a Covered California Enrollment Navigator grantee and member of the Health Justice Network, a California collaborative comprised of over 60 community-based organizations and health care

clinics focused on promoting implementation of health care reform.

32. International Community Health Services *

International Community Health Services (ICHS) is a nonprofit community health center that offers affordable health care services to Seattle and King County's Asian, Native Hawaiian, and Pacific Islander communities, as well as other underserved communities. Each year, ICHS provides direct patient care, health support services, and preventive education to over 21,400 individuals. In 2012, ICHS was recognized by the National Committee for Quality Assurance as a "patient-centered medical home" for its work in providing team-led, coordinated health care. For over 40 years, ICHS has provided culturally appropriate and multilingual care to improve the health of our community. ICHS began in 1973 as a small storefront clinic in Seattle's International District. Today it is the largest Asian, Native Hawaiian, and Pacific Islander community health center in Washington. ICHS supports this brief because of the importance of subsidies in helping underserved communities improve their health by having access to affordable health insurance.

33. Kalusugan Coalition, Inc.

Kalusugan Coalition is a multidisciplinary collaboration dedicated to creating a unified voice to improve the health of the Filipino American community in the New York and New Jersey area

through network and resource development, educational activities, research, community action, and advocacy. As a result of the Coalition's goal of developing culturally and linguistically appropriate health education, services, and resources, and its commitment to mobilizing around health issues of Filipinos, the Kalusugan Coalition is interested in making health insurance accessible and affordable to Filipino Americans and improving the health care system in the United States.

34. Korean Community Center of the East Bay*

Situated in Oakland, California, Korean Community Center of the East Bay (KCCEB) has been a destination for in-person assistance on social services and immigration legal services since 1977. KCCEB has been leading Asian American, Native Hawaiian, and Pacific Islander outreach, education, and enrollment activities for four Bay Area counties since the launch of the Covered California campaign. KCCEB is a Covered California Enrollment Navigator grantee and member of the Health Justice Network, a California collaborative comprised of over 60 community-based organizations and health care clinics focused on promoting implementation of health care reform.

35. Korean Community Services of Metropolitan New York, Inc.*

Korean Community Services (KCS) is a 501(c)(3) non-profit organization with a mission to assist and empower Korean American individuals, families, and the greater immigrant community. KCS promotes projects and programs that provide culturally and professionally competent human services to unserved and underserved Korean Americans in Northern New Jersey and New York. We believe that healthier individuals and communities result from a combination of outreach, treatment, and prevention efforts. During the first open enrollment period under the Affordable Care Act, KCS provided outreach, education, and enrollment assistance services to Korean Americans in Northern New Jersey and New York. KCS supports this brief because it recognizes the crucial role that subsidies play in helping communities access health insurance in order to improve their overall health and well-being.

36. Lao Assistance Center of Minnesota

Lao Assistance Center of Minnesota's goals include meeting basic needs, increased self-reliance, youth development, reduced social isolation, and promoting cultural equity. Its five interconnected programs serve Lao families including at-risk, low and moderate-income households. Our key health programs focus primarily on substance abuse awareness and prevention, insurance expansion to children, hepatitis B education, and breast cancer awareness. With the Affordable Care Act, the Lao Assistance Center of Minnesota continues to provide assistance with health services that are culturally appropriate and ensure that there is

adequate care in its community. It is because of the Lao Assistance Center of Minnesota's dedication to healthier lifestyles and access to care that it participates in this amicus brief.

37. Light and Salt Association

Light and Salt Association is a 501(c)(3) nonprofit organization whose mission is to serve as a resource for the Chinese community in the Houston area to take care of needy Houstonians—Chinese and non-Chinese alike. Light and Salt Association was founded in 1997 and operates several health programs, most notably a Cancer Support Network which provides culturally, linguistically, and spiritually competent support for needy individuals, including cancer patients and their families, and families affected by intellectual and developmental disabilities. Light and Salt Association supports this brief because it recognizes the role of the Affordable Care Act and its subsidies in furthering prevention initiatives.

38. Little Tokyo Service Center*

Little Tokyo Service Center (LTSC) aims to help people and build community by improving the lives of individuals and families through culturally sensitive social services, strengthening neighborhoods through housing and community development, and promoting the rich heritage of the ethnic community. Based in Los Angeles, LTSC reached out to, educated, and enrolled underserved Asian Americans in health care programs during the first open enrollment period, and continues to

do so as a Covered California Enrollment Navigator grantee. LTSC is also a member of the Health Justice Network, a California collaborative composed of over 60 community-based organizations and health care clinics focused on promoting implementation of health care reform.

39. Mai Family Services

Mai Family Services (MaiFS) was established in 1986 to provide assistance to Asian Indian families and individuals in need. Since it was formed, Mai Family Services has expanded to offer services to all South Asians in Michigan. In an effort to provide Prevention and Intervention Services, MaiFS fights against domestic violence and mental health issues through community outreach and education programs in addition to offering confidential counseling. MaiFS supports this brief because of the importance of the Affordable Care Act in helping South Asian communities access intervention and prevention services in order to improve their overall health and well-being.

40. Marshallese Educational Initiative, Inc.

Founded in 2013, the Marshallese Educational Initiative, Inc. (MEI) is a not-for-profit, 501(c)(3) charitable organization based in northwest Arkansas where the largest concentration of Marshallese in the continental United States reside. MEI was established to promote intellectual, cultural, and historical awareness of the Marshallese people and facilitate cross-cultural dialogue. MEI supports projects that increase the

quality of life of all Marshallese. MEI supports this brief because of the importance of the Affordable Care Act in helping the Marshallese community access health insurance coverage and improve their overall health and well-being.

41. National Tongan American Society*

National Tongan American Society (NTAS) is a national non-profit organization that advocates and empowers all Tongan-Americans and other Pacific Islanders through programs and referrals that promote health, youth development, model citizenship, education, and cultural preservation. Founded in 1995, NTAS is based in Salt Lake City, Utah. NTAS has several programs that promote the well-being and health of Tongan-Americans and other Pacific Islanders. NTAS educates and mobilizes Pacific Islanders at grass roots level to improve their personal, family, and community health. During the first open enrollment period under the Affordable Care Act, NTAS provided outreach, education, and enrollment assistance services to hundreds of individuals and families in the Salt Lake City area. Many individuals could only afford to purchase plans through the federal Health Insurance Marketplace because of subsidies provided by the federal government. NTAS supports this brief because it recognizes the crucial role that the Affordable Care Act's subsidies play in helping communities access health insurance in order to improve their overall health and well-being.

42. Native Hawaiian and Pacific Islander Alliance

Native Hawaiian and Pacific Islander Alliance (NHPIA) is a national nonprofit organization which generates a broad base of public and private support toward the further development and implementation of a Native Hawaiian and Pacific Islander health agenda. Based in Southern California, the NHPIA has worked to convene national stakeholder meetings in Washington, DC and around California to determine strategies to advance their goals of advocacy, data collection, resources management, and workforce. As such, NHPIA supports his brief and full implementation of the Affordable Care Act.

43. New Mexico Asian Family Center

New Mexico Asian Family Center is a place for Asian immigrants and their families to share their concerns, to learn about their own and others' cultures, to build supportive networks, and to increase self-sufficiency. New Mexico Asian Family Center envisions a world where inclusiveness is valued and equal opportunity and justice exist for all, including equal access to health and health care. As a result, New Mexico Asian Family Center supports this brief and the advances made under the Affordable Care Act.

44. Office of Hawaiian Affairs

Office of Hawaiian Affairs (OHA) is a semi-autonomous state agency, established under the

constitution and laws of the state or Hawai'i. Pursuant to OHA's statutory obligations, OHA advises and coordinates with federal, state, and county officials about programs and activities relating to Native Hawaiians; assesses the policies and practices of other agencies on Native Hawaiians; and advocates for Native Hawaiians. Mauli Ola (Health) is one of OHA's six strategic priorities and represents OHA's commitment to improving the health and well-being of Native Hawaiians. OHA supports this brief because it supports provisions in the Affordable Care Act that improve the health and well-being of Native Hawaiians and the Hawaiian community.

45. Ohio Asian American Health Coalition

Envisioned in 2002, the Ohio Asian American Health Coalition is an alliance of communities and individuals focused on the health and well-being of Ohio's Asian American population. Ohio Asian American Health Coalition's vision is to improve the quality of life of Ohio Asian Americans and Pacific Islanders. Its mission is to eliminate social inequities that contribute to disparities in the quality of life of Ohio's Asian Americans and Pacific Islanders through community research, education, and advocacy. Ohio Asian American Health Coalition supports this brief because of the importance of the Affordable Care Act in helping Ohio's Asian American and Pacific Islander communities access health insurance coverage and improve their overall health and well-being.

46. Operation Samahan, Inc.*

Operation Samahan is a federally qualified community health center that emerged within the Filipino community over the last forty years. The agency serves low-income families and individuals in the County of San Diego in three (3) strategic areas with a high density population of Filipinos and other low-income, uninsured individuals — National City (Southern San Diego County), City Heights (Central San Diego), and Mira Mesa/Rancho Penasquitos (North Central San Diego). Operation Samahan supports this brief because of the importance of the Affordable Care Act in helping the Filipino and other underserved communities gain access to health care and improve their health status.

47. Orange County Asian and Pacific Islander Community Alliance, Inc.*

Orange County Asian and Pacific Islander Community Alliance, Inc. (OCAPICA) was founded on a mission to build a healthier and stronger community by enhancing the well-being of Asian Americans and Pacific Islanders through inclusive partnerships in the areas of service, education, advocacy, organizing, and research. OCAPICA was established in 1997 with the goal to bring together various community organizations and partners to address the needs of low income Asian American and Pacific Islander communities in Orange County, California. OCAPICA currently serves more than 33,000 community members throughout Southern California, with 54 staff members that speak 16 languages. During the first open

enrollment period under the Affordable Care Act, OCAPICA provided outreach, education, and enrollment assistance services to hundreds of Asians and Pacific Islanders in Southern California. OCAPICA supports this brief because it recognizes the crucial role that the Affordable Care Act's subsidies play in helping communities access health insurance in order to improve their overall health and well-being.

48. Pacific American Foundation

The Pacific American Foundation (PAF) is a non-profit organization dedicated to improving the lives of Pacific Americans. Established in 1993, PAF's core competencies are curriculum development, professional development for educators, youth mentorship, leadership development, parent involvement, career planning, job readiness, college readiness, research and evaluation in culture-based education, and community partnership development. PAF supports this brief because of the importance of the Affordable Care Act in helping Pacific Americans access health insurance coverage and improve their overall health and well-being.

49. Pacific Islander Health Partnership

Since 2003, the Pacific Islander Health Partnership (PIHP) has been engaged in community-driven, community-tailored health promotion, education, and training. PIHP members include volunteer indigenous leaders from Hawai'i, Samoa, Tonga, Tahiti, Aotearoa-New Zealand, the Cook Islands

(Polynesians); Guam, Northern Mariana, Marshall Islands (Micronesians); and Fiji (Melanesians). PIHP members share over 16 years of collaborative efforts in presenting their annual Pacific Islander Festival, leadership development and training workshops, youth tobacco control projects, health and diabetes screening activities, breast cancer and mammography focus groups, and other health-related projects throughout Los Angeles and Orange Counties in California. PIHP supports this brief because of the importance of the Affordable Care Act in helping its target communities access health insurance coverage and improve their overall health and well-being.

50. Project CHARGE

Project CHARGE (Coalition for Health Access to Reach Greater Equity) seeks to increase financial access to healthcare for Asian American and Pacific Islander children and families in New York City. Project CHARGE advocates for increasing access to public and employer-based health insurance coverage and for increasing affordability of care, including prescription medication and specialty services. Project CHARGE supports this brief because it understands the importance of subsidies in helping children and families access health insurance through the state and federal Health Insurance Marketplaces created under the Affordable Care Act.

51. Saath USA

Saath's mission is to improve the health of South Asians (Asian Indians, Pakistanis, Bangladeshis, Sri Lankans, and Nepali) in southern California through the use of effective health programs implemented in faith and other community settings. This mission is accomplished through collaboration with universities to conduct research involving South Asians, and through community experts trained to provide culturally-sensitive health education to South Asians. During the first open enrollment period under the Affordable Care Act, Saath provided outreach, education, and enrollment assistance services to hundreds of individuals and families in Los Angeles and southern California. Saath supports this brief because it believes full implementation of the Affordable Care will help improve the quality of life for South Asians in southern California.

52. Samoan Community Development Center*

The Samoan Community Development Center (SCDC) was founded in 1991 by a group of highly respected members of the Samoan community in the San Francisco Bay Area in response to issues facing the local Samoan community. SCDC is the only Samoan and Pacific Islander community-based organization in San Francisco providing services that are culturally sensitive and linguistically appropriate to lower-income and disadvantaged Samoan and Pacific Islander families and individuals. The continued efficient care for the Samoan and Pacific Islander Community by SCDC

depends on the successful implementation of many provisions found in the Affordable Care Act. SCDC's interest in cultivating a community of healthy, happy, and empowered people has resulted in our participation in this amicus brief.

53. Samoan National Nurses Association*

The Samoan National Nurses Association (SNNA) was established in 2000 as a non-profit organization to assist the Samoan community and other Pacific Islanders to better health. SNNA works to improve and expand the community's opportunities through quality health education, prevention screenings, and primary health services, local and national policy advocacy, community organizing, and community-based research. As an association of care providers and advocates, SNNA recognizes the benefits to the health of Samoans and other Pacific Islanders under the Affordable Care Act.

54. SEAMAAC, Inc.*

Founded in 1984, SEAMAAC is one of the oldest and largest refugee-founded agencies in Pennsylvania with a majority of bi- and multi-lingual staff serving constituencies from as many as 18 distinct linguistic communities. SEAMAAC serves refugee and immigrant families in the greater Philadelphia area, as well as native-born individuals and families, through programs in education, health, and social services. During the first open enrollment period under the Affordable Care Act, SEAMAAC provided outreach, education,

and enrollment assistance services to many individuals and families. SEAMAAC supports this brief because of the importance of subsidies in helping immigrants, refugees, the working poor and their families improve their health by having access to affordable health insurance.

55. South Asian Network*

Founded in 1990, South Asian Network (SAN) is a community-based organization dedicated to advancing the health, empowerment, and solidarity of persons of South Asian origin in Southern California. SAN's work is organized across three programmatic units. The AWAZ Voices Against Violence unit is committed to the health, safety, and empowerment of survivors of domestic violence and sexual assault. The Community Health Action Initiative works to ensure access to quality health care services. The Civil Rights Unit focuses on advocacy on issues related to citizenship and civic engagement. SAN supports the Affordable Care Act and works to ensure that everyone has access to affordable healthcare.

56. Southeast Asian Coalition

Southeast Asian Coalition of Central Massachusetts, Inc. (SEAC) was founded in 1999 and established as a non-profit organization in 2001 to address the lack of culturally and linguistically appropriate support services for Southeast Asian immigrants in Central Massachusetts, which includes Laotians, Cambodians, and Vietnamese. SEAC's mission is

to assist Southeast Asians in Central Massachusetts successfully integrate into mainstream society while maintaining their unique cultural identity. SEAC provides services and support in the areas of health, education, civic engagement, and cultural expression. SEAC supports this brief because of the importance of the Affordable Care Act in helping Southeast Asian immigrants access health insurance coverage and improve their overall health and well-being.

57. Taulama For Tongans*

Taulama For Tongans is a non-profit, community-based organization serving Tongans in San Mateo County, California with available health resources. Taulama seeks to educate the greater Tongan community through linguistically and culturally relevant outreach, specifically by providing education materials and community events on cancer, hepatitis, diabetes, and other chronic diseases. With greater access to health care through the Affordable Care Act, Taulama educates the community on how to be healthy and stay healthy by understanding what health care services are available. Taulama For Tongans's interest in the continued and increased care for our communities leads it to participate in this amicus brief.

58. Thai Community Development Center*

For 20 years, Thai Community Development Center (Thai CDC) has addressed the needs of the Thai community in greater Los Angeles, California

through its comprehensive community development services. Thai CDC is a Covered California Enrollment Navigator grantee and member of the Health Justice Network, a California collaborative comprised of over 60 community-based organizations and health care clinics focused on promoting implementation of health care reform.

59. Thai Health and Information Services*

Founded in 1995, Thai Health And Information Services (THAIS), Inc. is a community based organization whose mission is to enhance the quality of life of Thai individuals and families in Los Angeles County, California through the provision of culturally and linguistically appropriate health, mental health, and social services. THAIS is a Covered California Enrollment Navigator grantee and member of the Health Justice Network, a California collaborative comprised of over 60 community-based organizations and health care clinics focused on promoting implementation of health care reform.

60. TOFA

TOFA stands for To'utupu'o e 'Otu Felenite Association, which translated, means "Friendly Islands Youth." TOFA officially launched as a 501(c)(3) non-profit organization in 2000, and started as a way to provide needed support for the growing number of Pacific Islanders in the Sacramento area. The mission of TOFA is to preserve and enhance the overall health and wellness of the Pacific Islander community in the Greater Sacramento Area by providing resources that support and promote higher education, community leadership opportunities, civil rights awareness, and cultural arts. TOFA's interest in the health and productivity of the Pacific Islander community has resulted in its participation in this amicus brief.

61. UNITED SIKHS*

UNITED SIKHS is 501(c)(3) non-profit, non-governmental, humanitarian relief, human development, and advocacy organization, aimed at empowering those in need, especially disadvantaged and minority communities across the world. UNITED SIKHS began in 1999 when a group of Sikhs from the New York metropolitan area banded together to assist in the socio-economic development of immigrant communities in Queens, New York. The mission of UNITED SIKHS is to transform underprivileged and minority communities and individuals into informed and vibrant members of society through civic, educational, and personal development programs by fostering active participation in social and economic activity. During the first open enrollment period under the Affordable Care Act, UNITED SIKHS provided outreach, education, and enrollment assistance services to hundreds of individuals and families in the New York City metropolitan area. UNITED SIKHS supports this brief because of the importance of subsidies in helping communities improve their health by having access to affordable health insurance.

62. VAYLA New Orleans

VAYLA New Orleans is a progressive multi-racial community-based organization in New Orleans that empowers youth and families through supportive services and organizing for cultural enrichment and positive social change. Young community leaders founded VAYLA in 2006 as a

means to reach out to the larger community to create a voice and organize to address the needs in the community. Committed to youth development, community empowerment, higher education, and cultural awareness, VAYLA is composed of young leaders andhigh school and college students that want to engage and empower others educationally, mentally, physically, and spiritually. Located in New Orleans, VAYLA envisions a world where young people have academic foundation, leadership skills and opportunities to affect change for a vibrant and thriving community. VAYLA New Orleans supports this brief because of the positive effect the Affordable Care Act has on youth and their families.

63. West Michigan Asian American Association

West Michigan Asian American Association is a Michigan nonprofit corporation that seeks to build a collaborative, active, and committed Asian American community in West Michigan with a focus on healthcare, education, and empowerment. West Michigan Asian American Association supports this brief because the Affordable Care Act has set the foundation for historic changes to America's health care system. These changes address many of the inefficiencies and dysfunctions of the current health care system and help to end some of the worst abuses of the insurance industry.

* Denotes member of Action for Health Justice, a national collaborative of more than 70 Asian American, Native Hawaiian, and Pacific Islander

state and local community-based organizations and Federally Qualified Health Centers dedicated to educating, empowering, and enrolling Asian Americans, Native Hawaiians, and Pacific Islanders in health coverage under the Affordable Care Act.